

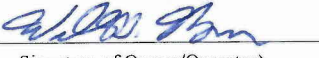



NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark #	Date Received	Notification #	
I. TYPE OF NOTIFICATION (O- Original R-Revised C-Cancelled): Original				
II. FACILITY INFORMATION (Identity Owner, removal contractor, and other operator)				
OWNER NAME : Con Edison Co. of NY, Inc.				
address: 4 Irving Place				
City: New York	State: NY	Zip: 10003-3502		
Contact: William Morrison	Tel: 212 /46 01132			
REMOVAL CONTRACTOR: C K B Environmental Inc.				
Address: 1728 Putnam Avenue				
City: Ridgewood	State: NY	Zip: 11385		
Contact: Kwapisiewicz, Chris	Tel: 718 388 8070			
OTHER OPERATOR:				
address:				
City:	State:	Zip:		
Contact:	Tel:			
III. TYPE OF OPERATION (D-Demo O-Ordered Demo R-Renovation E-Emer. Renovation): R				
IV. IS ASBESTOS PRESENT? (Yes / No) Y				
V. FACILITY DESCRIPTION (Including building name, number and floor or room number)				
Bldg Name: W 59th Street Generating Station				
Address: 850 12 Avenue				
City: New York	State: NY	County: New York		
Site Location: 90' Elevation PB Area overhead				
Building Size: 162,896	# of Floors: 7	Age in Years: 112		
Present Use: Generating Station	Prior Use: Generating Station			
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL : Assumed				
VII. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING: 1. Regulated ACM to be removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below
		Cat I	Cat II	UNIT
Pipes	300	0	0	LnFt: <input checked="" type="checkbox"/> Ln m:
Surface Area	0	0	0	SqFt: <input checked="" type="checkbox"/> Sq m:
Vol RACM off Facility Component	0	0	0	CuFt: <input checked="" type="checkbox"/> Cu m:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start:		11/07/2016	Complete: 10/26/2017	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:		Complete:		

NOTIFICATION OF DEMOLITION AND RENOVATION

ENV. PROT. AGENCY
REGION II

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:			
Asbestos abatement prior to removal of retired pipe			
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:			
Modified tent with negative air filtration and wet method			
XII. WASTE TRANSPORTER #1			
Name : Asbestos Transp. Company, Inc			
address: 2 Moriches Middle Island Road			
City: Shirley	State: NY	Zip: 11967	
Contact: Smith, Ken		Tel: 631 924 5050	
WASTE TRANSPORTER #2			
Name :			
address:			
City:	State:	Zip:	
Contact:		Tel:	
XIII. WASTE DISPOSAL SITE			
Name : Minerva Landfill			
address: 9000 Minerva Road			
City: Waynesburg	State: OH	Zip: 44688	
Tel: 330 866 3435			
XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:			
Name :		Title:	
Authority:			
Date of Order(MM/DD/YY) :		Date Ordered to Begin (MM/DD/YY) :	
XV. FOR EMERGENCY RENOVATIONS			
Date and Hour of Emergency (MM/DD/YY) :			
Description of the Sudden, Unexpected Events :			
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:			
XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER.			
Stop work, assess situation and clean up complying with all applicable rules and regulations			
XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation)			
		 Signature of Owner/Operator	
		 (Date)	
XVII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.			
		 Signature of Owner/Operator	
		 (Date)	

NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark #	Date Received	Notification #
I. TYPE OF NOTIFICATION (O- Original R-Revised C-Cancelled): Original			
II. FACILITY INFORMATION (Identity Owner, removal contractor, and other operator)			
OWNER NAME : Con Edison Co. of NY, Inc.			
address: 4 Irving Place			
City: New York	State: NY	Zip: 10003-3502	
Contact: William Morrison		Tel: 212 /46 01132	
REMOVAL CONTRACTOR: C K B Environmental Inc.			
Address: 1728 Putnam Avenue			
City Ridgewood	State: NY	Zip: 11385	
Contact: Kwapisiewicz, Chris		Tel: 718 388 8070	
OTHER OPERATOR:			
address:			
City:	State:	Zip:	
Contact:		Tel:	
III. TYPE OF OPERATION (D-Demo O-Ordered Demo R-Renovation E-Emer. Renovation): R			
IV. IS ASBESTOS PRESENT? (Yes / No) Y			
V. FACILITY DESCRIPTION (Including building name, number and floor or room number)			
Bldg Name: W 59th Street Generating Station			
Address: 850 12 Avenue			
City New York	State: NY	County: New York	
Site Location: <i>Roof</i>			
Building Size: 162,896	# of Floors: 7	Age in Years: 112	
Present Use: Generating Station	Prior Use: Generating Station		
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL : Sampling			
VII. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING: 1. Regulated ACM to be removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed	
		Cat I	Cat II
Pipes	0	0	0
Surface Area	3,600	0	0
Vol RACM off Facility Component	0	0	0
		Indicate Unit of Measurement Below	
		UNIT	
		LnFt: <input checked="" type="checkbox"/>	Ln m: <input type="checkbox"/>
		SqFt: <input checked="" type="checkbox"/>	Sq m: <input type="checkbox"/>
		CuFt: <input checked="" type="checkbox"/>	Cu m: <input type="checkbox"/>
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 11/07/2016 Complete: 10/26/2017			
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: Complete:			

NOTIFICATION OF DEMOLITION AND RENOVATION

ENV. PROT. AGENCY
REGION II

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: Roofing material abatement prior to roof repair				2016 OCT 25 AM 10:10	
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: Follow NYCDEP Title 15 Chapter 1 subsection 1-107				AIR COMPLIANCE BR. <i>William</i>	
XII. WASTE TRANSPORTER #1					
Name : Asbestos Transp. Company, Inc					
address: 2 Moriches Middle Island Road					
City: Shirley		State: NY		Zip: 11967	
Contact: Smith, Ken				Tel: 631 924 5050	
WASTE TRANSPORTER #2					
Name :					
address:					
City:		State:		Zip:	
Contact:				Tel:	
XIII. WASTE DISPOSAL SITE					
Name : Minerva Landfill					
address: 9000 Minerva Road					
City: Waynesburg		State: OH		Zip: 44688	
Tel: 330 866 3435					
XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:					
Name :				Title:	
Authority:					
Date of Order(MM/DD/YY) :			Date Ordered to Begin (MM/DD/YY):		
XV. FOR EMERGENCY RENOVATIONS					
Date and Hour of Emergency (MM/DD/YY) :					
Description of the Sudden, Unexpected Events :					
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:					
XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER. Stop work, assess situation and clean up complying with all applicable regulations					
XVI. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation)					
<i>[Signature]</i>				10/21/2016	
Signature of Owner/Operator)				(Date)	
XVII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.					
<i>[Signature]</i>				10/21/2016	
Signature of Owner/Operator)				(Date)	

NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark #	Date Received	Notification #		
I. TYPE OF NOTIFICATION (O- Original R-Revised C-Cancelled): Original					
II. FACILITY INFORMATION (Identity Owner, removal contractor, and other operator)					
OWNER NAME : Con Edison Co. of NY, Inc.					
address: 4 Irving Place					
City:	New York	State:	NY	Zip: 10003-3502	
Contact:	William Morrison	Tel: 212 /46 01132			
REMOVAL CONTRACTOR: Delta Environmental, Inc.					
Address: 71 Green Street					
City	Brooklyn	State:	NY	Zip: 11222	
Contact:	Garbacz, Henryk	Tel: 718 302 4605			
OTHER OPERATOR:					
address:					
City:		State:		Zip:	
Contact:		Tel:			
III. TYPE OF OPERATION (D-Demo O-Ordered Demo R-Renovation E-Emer. Renovation): R					
IV. IS ASBESTOS PRESENT? (Yes / No) Y					
V. FACILITY DESCRIPTION (Including building name, number and floor or room number)					
Bldg Name: Bridgewater 266th St					
Address: Bridgewater Ave b/t 261 & 266 St					
City	Glenn Oaks	State:	NY	County: Queens	
Site Location: Bridgewater Ave					
Building Size: 0	# of Floors: 0	Age in Years: 0			
Present Use: Excavation		Prior Use: Gas Main			
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL : Assumed					
VII. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING: 1. Regulated ACM to be removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed		RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below
			Cat I	Cat II	UNIT
Pipes	300	0	0	LnFt: <input checked="" type="checkbox"/>	Ln m:
Surface Area	0	0	0	SqFt: <input checked="" type="checkbox"/>	Sq m:
Vol RACM off Facility Component	0	0	0	CuFt: <input checked="" type="checkbox"/>	Cu m:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start:		11/04/2016		Complete:	10/26/2017
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:		11/04/2016		Complete:	10/26/2017

NOTIFICATION OF DEMOLITION AND RENOVATION

ENV. PROT. AGENCY
REGION II

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:			
Must relocate infrastructure			
2016 OCT 25 AM 10:09			
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:			
Wet methods and engineering controls and NYC and DEP approved variances			
AIR COMPLIANCE BR.			
XII. WASTE TRANSPORTER #1			
Name : Asbestos Transp. Company, Inc			
address: 2 Moriches Middle Island Road			
City: Shirley	State: NY	Zip: 11967	
Contact: Smith, Ken		Tel: 631 924 5050	
WASTE TRANSPORTER #2			
Name : Consolidated Edison Co. of NY, I			
address: 31-01 20th Avenue			
City: Astoria	State: NY	Zip:	
Contact:		Tel: 718 204 4053	
XIII. WASTE DISPOSAL SITE			
2nd Landfill: Triunvirato Environmental			
Name : 110 Sand Company			
address: 170 Cabot Street			
City: West Babylon	State: NY	Zip: 11704	
Tel: 631 249 4108			
XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:			
Name :		Title:	
Authority:			
Date of Order(MM/DD/YY) :		Date Ordered to Begin (MM/DD/YY) :	
XV. FOR EMERGENCY RENOVATIONS			
Date and Hour of Emergency (MM/DD/YY) :			
Description of the Sudden, Unexpected Events :			
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:			
XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLD, PULVERIZED, OR REDUCED TO POWDER.			
Stop work, secure area/site, utilize wet method and engineering controls.			
XVI. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation)			
Signature of Owner/Operator		10/21/2016 (Date)	
XVII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.			
Signature of Owner/Operator		10/21/2016 (Date)	

NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark #	Date Received	Notification #
I. TYPE OF NOTIFICATION (O- Original R-Revised C-Cancelled): Original			
II. FACILITY INFORMATION (Identity Owner, removal contractor, and other operator)			
OWNER NAME : Con Edison Co. of NY, Inc.			
address: 4 Irving Place			
City: New York	State: NY	Zip: 10003-3502	
Contact: William Morrison		Tel: 212 /46 01132	
REMOVAL CONTRACTOR: Delta Environmental, Inc.			
Address: 71 Green Street			
City Brooklyn	State: NY	Zip: 11222	
Contact: Garbacz, Henryk		Tel: 718 302 4605	
OTHER OPERATOR:			
address:			
City:	State:	Zip:	
Contact:		Tel:	
III. TYPE OF OPERATION (D-Demo O-Ordered Demo R-Renovation E-Emer. Renovation): R			
IV. IS ASBESTOS PRESENT? (Yes / No) Y			
V. FACILITY DESCRIPTION (Including building name, number and floor or room number)			
Bldg Name: 216th St Bayside QED1002			
Address: 216th Street b/t 42 Ave & 43 Ave			
City Bayside	State: NY	County:	
Site Location: 216th Street			
Building Size:	# of Floors:	Age in Years:	0
Present Use: Excavation	Prior Use: Gas Main		
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL : Assumed			
VII. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING: 1. Regulated ACM to be removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed	
		Cat I	Cat II
Pipes	1,000	0	0
Surface Area	0	0	0
Vol RACM off Facility Component	0	0	0
		Indicate Unit of Measurement Below	
		UNIT	
		LnFt: <input checked="" type="checkbox"/>	Ln m: <input type="checkbox"/>
		SqFt: <input checked="" type="checkbox"/>	Sq m: <input type="checkbox"/>
		CuFt: <input checked="" type="checkbox"/>	Cu m: <input type="checkbox"/>
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 11/04/2016 Complete: 10/26/2017			
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 11/01/2016 Complete: 10/26/2017			

NOTIFICATION OF DEMOLITION AND RENOVATION

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:			
Must relocate infrastructure			
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:			
Wet method and engineering controls and DEP approved variance			
XII. WASTE TRANSPORTER #1			
Name : Asbestos Transp. Company, Inc			
address: 2 Moriches Middle Island Road			
City: Shirley	State: NY	Zip: 11967	
Contact: Smith, Ken	Tel: 631 924 5050		
WASTE TRANSPORTER #2			
Name : Consolidated Edison Co. of NY, I			
address: 31-01 20th Avenue			
City: Astoria	State: NY	Zip:	
Contact:	Tel: 718 204 4053		
XIII. WASTE DISPOSAL SITE			
Name : 110 Sand Company			
address: 170 Cabot Street			
City: West Babylon	State: NY	Zip: 11704	
Tel: 631 249 4108			
XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:			
Name :		Title:	
Authority:			
Date of Order(MM/DD/YY) :		Date Ordered to Begin (MM/DD/YY) :	
XV. FOR EMERGENCY RENOVATIONS			
Date and Hour of Emergency (MM/DD/YY) :			
Description of the Sudden, Unexpected Events :			
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:			
XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER.			
Stop work, secure area/site, utilize wet method and engineering controls.			
XVI. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation)			
Signature of Owner/Operator		Date	
Signature of Owner/Operator		Date	
XVII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.			
Signature of Owner/Operator		Date	
Signature of Owner/Operator		Date	